NOV 1 4 2005

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.

10/634,171

Confirmation No.: 6345

Applicant

MacMillan, Bruce

Filed

August 5, 2003

Examiner: Berhane, Adolf D.

TC/A.U.

2838

For

METHOD AND APPARATUS FOR POWER CONVERTING

HAVING A FOUR-QUADRANT OUTPUT

TRANSMITTAL LETTER

FACSIMILE NO. (571) 273-8300 TOTAL OF PAGES: 4

MAIL STOP Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

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Please find enclosed for filing:

- Notice of Appeal
- Extension of Time under 37 CFR 1.17(a)(2)
- Fee Transmittal

Please charge any deficiencies or credit any overpayment to Deposit Account No. 09-0461.

Respectfully submitted,

Dated:

Docket No. 7516-1

November 14, 2005

Pablo Meles, Reg. No. 33,739 AKERMAN SENTERFITT

P.O. Box 3188

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PAGE 1/4 * RCVD AT 11/14/2005 5:32:01 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-6/26 * DNIS:2738300 * CSID:954 759 8911 * DURATION (mm-ss):02-12

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| Effective on 12/08/2004. | | | | Complete if Known | | | | |
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | | | | | 0/634,171 | | |
| FEE TRANSMITTAL | | | Filin | Filing Date Aug | | ust 5. 2003 | | |
| For FY 2005 | | | | First Named Inventor Mac | | cMillan. Bruce | | |
| Applicant claims small entity status. See 37 CFR 1.27 | | | | miner Name | | hane, Adolf D. | | |
| | | | Art U | Jnit | 2838 : 7516-1 | | | |
| TOTAL AMOUNT OF PAYMENT (\$) | | s) 475.00 | Atto | Attorney Docket No. | | | | |
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| Information and authorization on PTO-2098. | | | | | | | | |
| FEE CALCULATION | | | | | | | | |
| 1. BASIC FILIN | i G, SEARCH, AND FILING | EXAMINATION FE | ES EARCH F | EEE EVA | : IOITANIM | 4 5556 | | |
| <u> </u> | | Small Entity | Sm | all Entity | Small | Entity | 5 D-14 (8) | |
| Application] | | | _ | | | L(\$) | Fees Paid (\$) | |
| Utility | 300 | | | 250 20 | | | | |
| Design | 200 | - | .00 | 50 13 | | 55 | | |
| Plant | 200 | | | 150 16 | | - 10 | | |
| Reissue | 300 | | - | 250 60 | , - | | | |
| Provisional | 200 | 100 | 0 | 0 | 0 ; | 0 - | | |
| 2. EXCESS CLAIM FEES <u>Small Entity</u> Fee Description Fee (\$) Fee (\$) | | | | | | | | |
| Each claim over 20 (including Reissues) 50 | | | | | | | 25 | |
| Each independent claim over 3 (including Reissues) | | | | | | 200 | 100 | |
| Multiple dependent claims | | | | | | 360 | 180 | |
| Total Claims | <u>Extra Clai</u> 0 or HP = | ims Fee (\$) | Fee Paid | (2) | _ | utiple Depen Fee (\$) | Fee Paid (\$) | |
| | nber of total claims paid t | for, if greater than 20 | | | | 70731 | Les Laid (4) | |
| Indep. Claims | Extra Cial | | Fee Paid | <u>(\$)</u> | , · | | | |
| - 3 or HP = X = | | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 | | | | | | | | |
| sheets or f | raction thereof. Sec | e 35 U.S.C. 41(a)(1) | (G) and 3 | 7 CFR 1.16(s). | | | | |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x = | | | | | | | | |
| | | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | | |
| Other (e.g., late filing surcharge): Ext. of Time (37 CFR 1.17(a)(2)) & Notice of Appeal (37 CFR 41.20(B)(1)) \$475.00 | | | | | | | | |
| вивміттєр ву | | | | | | | | |
| ignature | Bell | Theles | Regis | tration No. 33,73 | 39 | Telephone g | 54-463-2700 | |
| Name (Print/Type) Pablo Meles Pate Nov. 14, 20 | | | | | | | | |

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is assumated to take 30 induses to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Cinel Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

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